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Bib Data Sheet

CONFIRMATION NO. 9833

<b>SERIAL NUMBER</b> 09/304,552	<b>FILING OR 371(c) DATE</b> 05/04/1999 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2613	<b>ATTORNEY DOCKET NO.</b> PHN16.914	
<b>APPLICANTS</b> PETER J. T. VAN RAVENSTEIN, EINDHOVEN, NETHERLANDS; CHRISTIAN C. M. VISSCHERS, EINDHOVEN, NETHERLANDS;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 98201510.9 05/08/1998 <i>YSTV</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>No TV</i> <b>** 05/21/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26646					
<b>TITLE</b> OBSERVATION SYSTEM					
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/304,552	FILING DATE 05/04/99	CLASS <del>348</del> 248	GROUP ART UNIT <del>2711</del> 2613 2713	ATTORNEY DOCKET NO. PHN16.914
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APPLICANT PETER J. T. VAN RAVENSTEIN, EINDHOVEN, NETHERLANDS; CHRISTIAN C. M. VISSCHERS, EINDHOVEN, NETHERLANDS.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

TV None

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

TV None

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED EPO 98201510.9 05/08/98

TV yes

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Verified and Acknowledged <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NLX	SHEETS DRAWING 1	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
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TITLE OBSERVATION SYSTEM

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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